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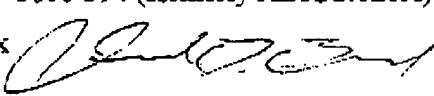
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FACSIMILE TRANSMISSION COVERSHEET

DATE: February 6, 2007

TO: Examiner Jason M. SIMS
Group Art Unit 1631
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/611,414
Filed: June 30, 2003
Confirmation No.: 1954
Attorney Docket No.: 5010-394 (formerly ABIOS.021A)

FROM: Leonard D. Bowersox 

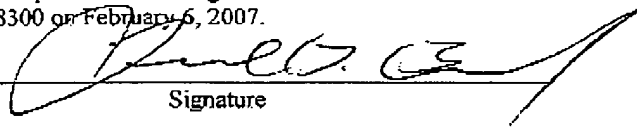
FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 33

Items Attached: Transmittal Form 1 Page
Fee Transmittal 1 Page
Petition for Two-Month Extension of Time 1 Page
Credit Card Payment Form for \$450.00
Amendment 28 Pages

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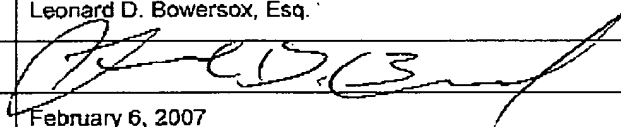
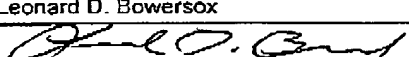
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/611,414
		Filing Date	June 30, 2003
		First Named Inventor	David P. HOLDEN
		Group Art Unit	1631
		Examiner Name	Jason M. SIMS
Total Number of Pages in This Submission	32	Attorney Docket Number	5010-394 (formerly ABIOS.021A)
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Two-Month Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form \$450.00 Customer No. 35411	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Leonard D. Bowersox, Esq.		
Signature			
Date	February 6, 2007		
CERTIFICATE OF MAILING			
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Type or printed name	Leonard D. Bowersox		
Signature		Date	February 6, 2007

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/8/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/611,414 Filing Date June 30, 2003 First Named Inventor David P. HOLDEN Examiner Name Jason M. SIMS Art Unit 1631 Attorney Docket No. 5010-394 (formerly ABIOS.021A)	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER FEB 06 2007	
TOTAL AMOUNT OF PAYMENT (\$450.00)			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
22	- 20 or HP = 0	x	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 3 or HP = 0	x	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Petition for Two-Month Extension of Time Fee	Fees Paid (\$)
	450.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,226	Telephone 703-385-9688
Name (Print/Type)	Leonard D. Bowersox	Date	February 6, 2007

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